

LISZT LAW, P.A.

ATTORNEYS AT LAW

ESTATE PLANNING QUESTIONNAIRE

Brief Note: We recognize that this questionnaire is a fairly intrusive document. Please keep in mind that the more complete the information is, the better equipped our firm will be to customize your estate documents. All of your information will be kept confidential and is subject to the attorney-client privilege unless you authorize or request the release of information to others. Please feel free add additional pages of information if applicable.

WILL - A will is a written legal declaration by which a person names one or more persons to manage the distribution of his or her property to specific persons, entities or organizations at death. In addition, a will can be used to name a guardian for minor children. Our office will undertake the legal and fiduciary duty to make sure that your will is properly prepared and executed so that it will be a valid legal document.

LIVING WILL - A Living Will is a written document that allows a person to dictate the extent to which he or she desires medical treatment during a terminal illness but only when said person is incapacitated and can no longer express his or her wishes. The primary reason for a living will is to dictate whether a person wishes to remain on life-supporting medical devices or die naturally and without the patient's life being artificially prolonged by various medical devices and procedures.

DECLARATION OF A PRE-NEED GUARDIAN - The Declaration of a Pre-Need Guardian document allows a person to state his or her preference and priority for guardians of both the person and his or her property in the event that he or she should be determined incompetent to manage one's own affairs. The Declaration of a Pre-Need Guardian assures that a person can have peace of mind knowing that if he or she becomes incapacitated, a person or persons of their choice that they know and trust will take care of them.

DESIGNATION OF HEALTH CARE SURROGATE - This is a written legal document in which a person designates a Health Care Surrogate. During the maker's incapacity, the Health Care Surrogate has the duty to consult expeditiously with the appropriate health care providers. The Surrogate also provides informed consent and makes only health care related decisions for the maker, which he or she believes the maker would have made under the circumstances if the maker were capable of making the same decisions. If there is no indication of what the maker would have chosen, the Surrogate may consider the maker's best interest in deciding on a course of treatment.

LISZT LAW, P.A.

ATTORNEYS AT LAW

PERSONAL AND FAMILY INFORMATION

State the names requested below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Your Name: _____ Date of Birth: _____

Social Security No.: _____

Spouse's Name: _____ Date of Birth: _____

Home Address: _____

Telephone No.: _____ Email: _____

Citizenship: _____

Spouse's Citizenship: _____

Indicate which, if any, of your children is your child, but not your spouse's child or vice versa. Also provide the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children.

1. (a) Child: _____ Date of Birth: _____

(b) Personal Data (specific whether the child is from prior marriage, adopted, etc.):

(c) Child's Spouse: _____

(d) Child's children (and their dates of birth):

2. (a) Child: _____ Date of Birth: _____

(b) Personal Data (specific whether the child is from prior marriage, adopted, etc.):

(c) Child's Spouse: _____

(d) Child's children (and their dates of birth):

LISZT LAW, P.A.
ATTORNEYS AT LAW

3. (a) Child: _____ Date of Birth: _____

(b) Personal Data (specific whether the child is from prior marriage, adopted, etc.):

(c) Child's Spouse: _____

(d) Child's children (and their dates of birth):

4. (a) Child: _____ Date of Birth: _____

(b) Personal Data (specific whether the child is from prior marriage, adopted, etc.):

(c) Child's Spouse: _____

(d) Child's children (and their dates of birth):

5. If either you or your spouse has been married previously, state the name of each prior spouse and indicate whether he or she is now living (if living, give his or her address).

If either you or your spouse has been divorced, attach a copy of the divorce decree.

LISZT LAW, P.A.

ATTORNEYS AT LAW

6. Is there important personal information that might affect your estate plan? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

IMPORTANT RELATED DOCUMENTS

1. Estate planning documents. Do you currently have any of the following?

Last Will and Testament: _____ Yes _____ No

Trust: _____ Yes _____ No

Living Will: _____ Yes _____ No

Durable Power of Attorney: _____ Yes _____ No

Health Care Surrogate: _____ Yes _____ No

Declaration of Pre-Need Guardian: _____ Yes _____ No

If you answered "yes" to any of the foregoing, please provide a copy of the document.

2. Other death-related documents:

Funeral/Burial Arrangements: _____ Yes _____ No

Cemetery Plot and Deed to Plot: _____ Yes _____ No

Organ Donation Directions: _____ Yes _____ No

If you answered "yes" to any of the foregoing, please provide a copy of the document.

3. Marital documents:

Pre- or Post-marital agreement: _____ Yes _____ No

If you answered "yes," please provide a copy of the document.

4. Are there, to your knowledge, any lawsuits filed or threatened to be filed against you from any source? _____ Yes _____ No

If you answered "yes," please provide a copy of all court documents or give full details.

LISZT LAW, P.A.

ATTORNEYS AT LAW

FINANCIAL ASSETS

1. Personal Residence:

a. Description (e.g., single family, condo, or similar description): _____

b. How do you hold title:

c. FMV: _____ Mortgage balance, if any: _____

2. Other residences or vacation homes:

a. Description (e.g., single family, condo, or similar description): _____

b. How do you hold title:

c. FMV: _____ Mortgage balance, if any: _____

a. Description (e.g., single family, condo, or similar description): _____

b. How do you hold title:

c. FMV: _____ Mortgage balance, if any: _____

3. Personal and household effects:

a. Automobiles: _____

b. General personal and household effects such as furniture, furnishing, books, etc.:

c. Valuables (such as jewelry, works of art, antiques, and valuable collections such as coins, stamps, or gold (and indicate if insured)):

d. Miscellaneous:

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ATTORNEYS AT LAW

4. Cash, cash deposits, and cash equivalents:

a. Name and address of bank:

b. Full name(s) of person(s) entitled to access (if applicable):

c. Types of Accounts (checking, savings, CD, T-bills, etc.): _____

5. Safety Deposit Boxes: _____ Yes _____ No

a. Name and address of bank(s):

b. Full name(s) of person(s) entitled to access (if applicable):

6. Pension and profit-sharing plans, 401(k) accounts, IRAs, ROTH IRAs, SEP IRAs, SIMPLE IRAs, Keogh plans, ESOPs, or other tax-favored employee benefit plans:

Type of Account: _____

You: _____ Value: _____

Spouse: _____ Value: _____

Type of Account: _____

You: _____ Value: _____

Spouse: _____ Value: _____

Type of Account: _____

You: _____ Value: _____

Spouse: _____ Value: _____

LISZT LAW, P.A.

ATTORNEYS AT LAW

7. Education savings plans, such as prepaid tuition plans, college savings plans, Section 529 plans, and Coverdell Education Savings Accounts. Please provide similar information.

8. Life insurance on your life: _____ Yes _____ No

a. Type of life insurance (ordinary, term/group): _____

b. List company name, address, and policy number.

c. Face amount of policies (proceeds): _____

d. If you do not own it, who does? _____

e. Beneficiaries: _____

f. Cash value: _____

g. Loans, if any, against it: _____

9. Life insurance on your spouse's life: _____ Yes _____ No

a. Type of life insurance (ordinary, term/group): _____

b. List company name, address, and policy number.

c. Face amount of policies (proceeds): _____

d. If you do not own it, who does? _____

e. Beneficiaries: _____

f. Cash value: _____

g. Loans, if any, against it: _____

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ATTORNEYS AT LAW

10. Closely-held business interests: Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, or the like), whether you are active in its operations, and your estimate of its value.

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person?

11. Investment assets: with respect to each category, please state the owner (how title is held) and the approximate value.

a. Publicly traded stocks and corporate bonds:

You: _____

Spouse: _____

Jointly with: _____

b. Municipal bonds:

You: _____

Spouse: _____

Jointly with: _____

c. Long-term U.S. treasury notes and bonds:

You: _____

Spouse: _____

Jointly with: _____

d. Limited partnership interests:

You: _____

Spouse: _____

LISZT LAW, P.A.

ATTORNEYS AT LAW

Jointly with: _____

e. Other investments: Please describe the general nature and value of other investment interest.

You: _____

Spouse: _____

Jointly with: _____

OTHER INTERESTS OF CURRENT OR FUTURE VALUE

1. Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and nature of each inheritance.

2. Other assets or interests of value. Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

LIABILITIES

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on the obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

PERSONAL ESTATE-PLANNING OBJECTIVES

1. How would you dispose of your estate at your death if taxes were of no concern?

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ATTORNEYS AT LAW

2. In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance or resumption by your spouse of his or her vocation or profession?

3. Is there any other information that you feel is important to be considered in planning your estate?

GUARDIANS, PERSONAL REPRESENTATIVES AND TRUSTEES

1. Guardians for minor children. If you have minor children, you may designate in your will a guardian or guardians of the person and their estate in the event of your death and/or your spouse's.

a. Guardian of the person.

Name(s): _____

Address: _____

b. Guardian of the estate, if different.

Name(s): _____

Address: _____

c. Substitute guardian of the person.

Name(s): _____

Address: _____

d. Substitute guardian of the estate.

Name(s): _____

Address: _____

2. Personal representative. Your personal representative has the responsibility to wind up your affairs at death, see to it that your assets are collected, that claims, expenses, and estate and income taxes are

LISZT LAW, P.A.

ATTORNEYS AT LAW

paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, and substantial responsibility and work.

a. Principal personal representative.

Name(s): _____

Address: _____

b. Substitute personal representative.

Name(s): _____

Address: _____

3. Trustees. Your trustees are responsible for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create.

a. Principal trustees.

Name(s): _____

Address: _____

Name(s): _____

Address: _____

b. Substitute trustees (to act if one or more of the principal trustees cannot or will not act).

Name(s): _____

Address: _____

Name(s): _____

Address: _____

ONLINE INFORMATION

1. Computer and Phone Information. List all of your personal and professional computers and smartphones and identify the username and password to access each device.

LISZT LAW, P.A.

ATTORNEYS AT LAW

2. E-mail Information. List all of your e-mail addresses, describe what activities the e-mail address is used for (e.g., personal, professional, or to receive unwanted messages) and indicate the password.

3. Social Networking Profiles. List the usernames and passwords to each of your social networking profiles such as LinkedIn, Facebook, and Twitter. In the event of your death or disability, should your profile be deleted? If not, who should be responsible for continuing your profile and what would you like for them to do with it?

4. Blogs, Webpages, and Domain Names. List all of your blogs, domain names, and webpages and indicate the registrar/host for each. In the event of your death or disability, should these sites be continued? If so, how and by whom?

5. Online Financial Information. List each bank, and brokerage account for which you have online access and indicate your username and password for each account. If you have a Paypal or other online purchasing account, list your username and password.

6. Digital Photos. If you take photos digitally, describe where you store your photos, list any photo sharing Web sites that you use and indicate your username and password for each site.

LISZT LAW, P.A.
ATTORNEYS AT LAW

7. Other Online Accounts/Information. List any other online accounts or digital information that may be important or valuable. If relevant, describe what you would like to happen to that account or information if you die or become disabled.

8. Is there any sensitive information in the online accounts listed above that should be kept a secret from some of your family and friends? If so, how should that information be handled and by whom?
